

Work Order ID 102430

May-28-13 10:03:20 AM

102430

Page 1

Item ID: D3916-041

Revision ID:

Item Name: Rib Assembly

Start Date: 6/04/13 Start Qty: 2.00

Required Date: 6/04/13 Req'd Qty: 2.00

Reference:

Approvals:

Process Plan: MLJ

Date: 13-05-29 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3916	A
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100

100

Large Fab

Large Fab

0.00

(6) S40 13-08-26

Memo

0.00

1- Cut tube 50"
 2- Bend tube with manuel pipe bender as per DT9567
 *** Make line at 9.00" and use jig for other lines, and ensure seam in place on side of tube when bending***
 3- Trim access tube material to finish size as per dwg D3916
 4- Drill and chamfer holes as per dwg D3916-1 using DT9605

105

QC6- Inspect dimensions to drawing

0.00

105

QC

Quality Control

0.00

6x 13-10-02

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>			
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>			<input type="checkbox"/> Other			
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

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May-28-13 10:03:20 AM

Item ID: D3916-041

Accept

N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

Item Name: Rib Assembly

Start Date: 6/04/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 6/04/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
107 *107* Large Fab	Weld per dwg A/R S.S. rod Batch: <u>B123823</u>	0.00						(6x)	CC 13-10-1
	Memo	0.00							
	1- weld bushing as per dwg D3916 2- grind welds flush								
110 *110* QC Quality Control	QC5- Inspect part completeness to step on W/O	0.00						Cpl	6x 13-10-02
	Memo	0.00							
120 *120* QC Quality Control	QC10- Inspect visual per QSI004- ground welds	0.00						Cpl	6x 13-10-02
	Memo	0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>		
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Work Order ID 102430

102430

Page 3

May-28-13 10:03:20 AM

Item ID:	D3916-041	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:				Stop		*NS2*	
Item Name:	Rib Assembly						
Start Date:	6/04/13	Start Qty:	2.00	*2*	Cust Item ID:		
Required Date:	6/04/13	Req'd Qty:	2.00	*2*	Customer:		
Reference:					Run	Start	*NR1*
Approvals:	Process Plan:	Date:	Tooling:	Date:	Stop		*NR2*
	QC:	Date:	SPC (Y/N):	Date:			

Sequence ID/ Work Center ID	Operation Description	Memo	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Packaging	Identify as per dwg & Stock Location:	<i>WTA</i>	0.00							<i>6 SAO 13-10-03</i>
Packaging			0.00							
140 *140* QC	QC21- Final Inspection - Work Order Release	<i>Memo</i>	0.00							<i>10/14-10-3</i>
Quality Control			0.00							

AB-10-3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Picklist Print

May-28-13 10:03:20 AM

Page 1

Work Order ID: 102430

Parent Item: D3916-041

Start Date: 6/04/13

Required Date: 6/04/13

Parent Item Name: Rib Assembly

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP RevA: New issue DD verified by:EC
verified by:EC

IPP Rev:B as per dwg revA 10.03.15

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3759-1 Bushing		Manufactured	No			100	Each	224.0000	7	14		CC40	13-10-1

Location	Loc Qty	Loc Code
WA	40	B102073 → 424
100323	40	
WA004	184	
101539	40	
66489	1	
79213	1	
83464	7	
86550	20	
88236	3	
89780	3	
90786	10	
98756	99	

M304TS0.750W.049
304 SQ Tube .75x.75x.049W

Purchased No

100 f 1,032.7474

4.166

8.7705263

26.315 (27)
CC

Location	Loc Qty	Loc Code
MAT017	59.1068084	B126900 → 27
124492	59.1068084	
WA006	973.6405555	
123484	28.9999555	
125124	493.8736	
125575	450.767	

NCR: Yes / No

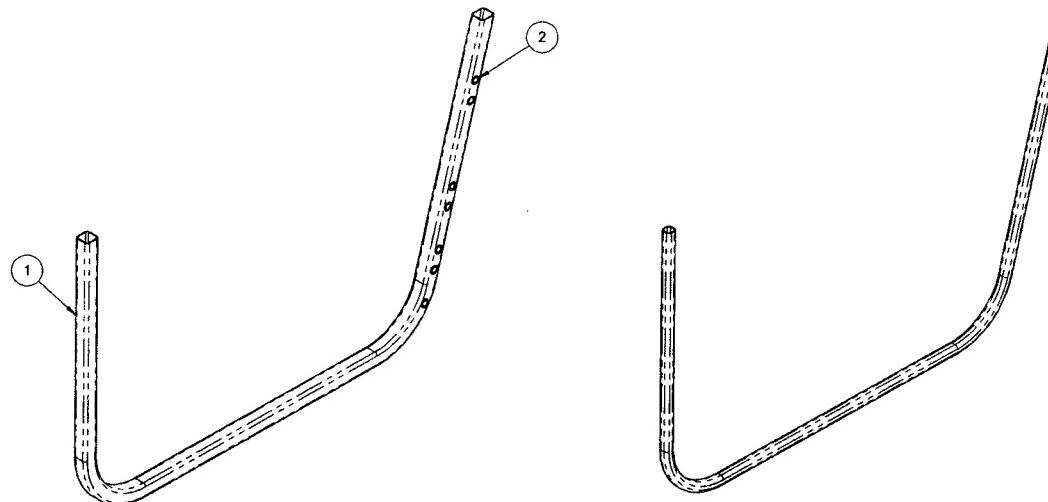
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
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				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
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Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>			
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

ITEM	QTY	P/N	DESCRIPTION
	.041	X D3916-041	RIB ASSY
1	1	D3916-1	RIB
2	7	D3759-1	BUSHING



D3916-041 RIB ASSY

D3916-5 LIGHT RIB

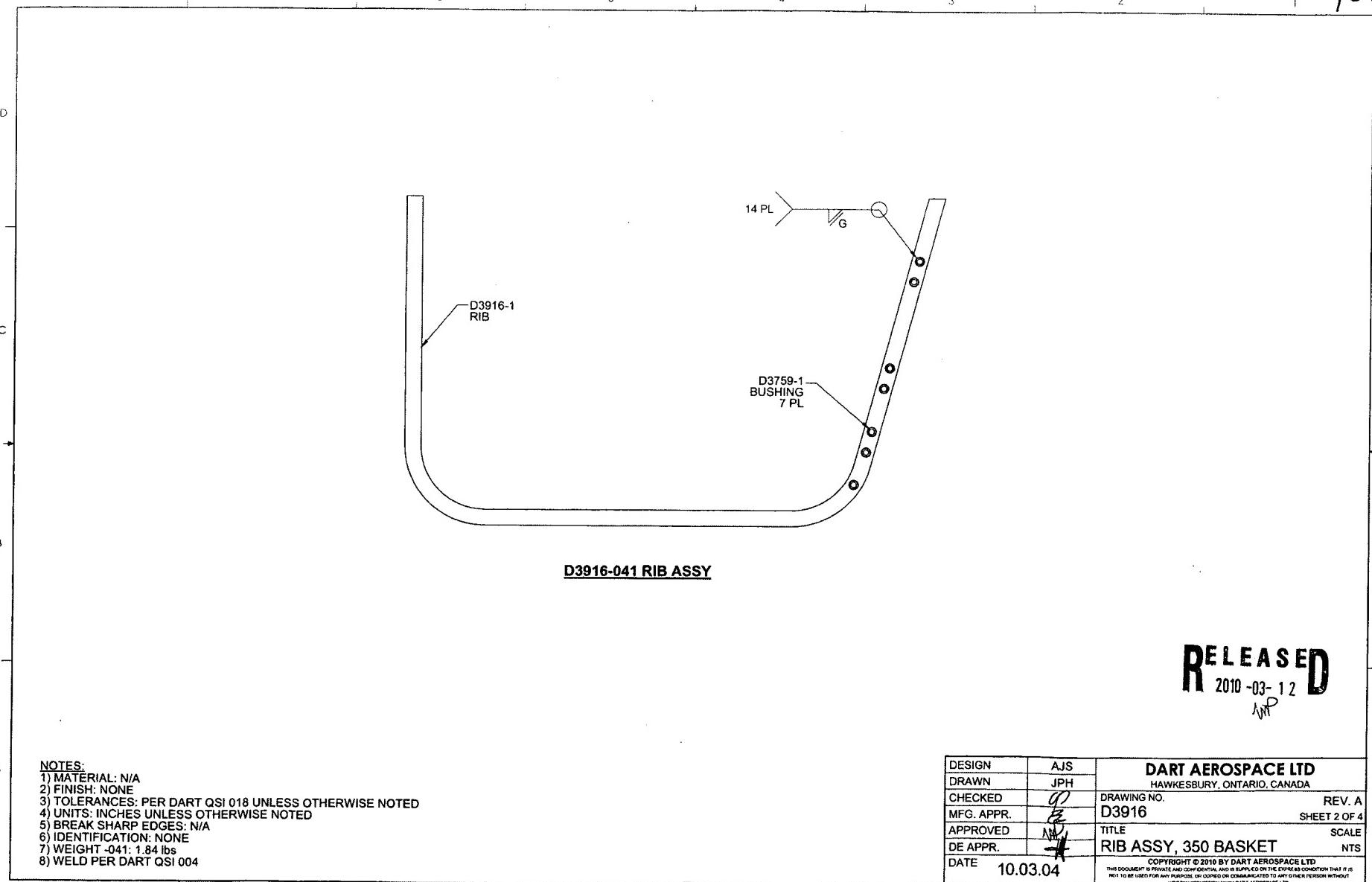
102430_MLJ
13-05-29

OL-10.12.21
~~10.10.4~~
~~ADDITION OF HOLE + BUSHING.~~
~~ON D3916-041-1 RIBS.~~

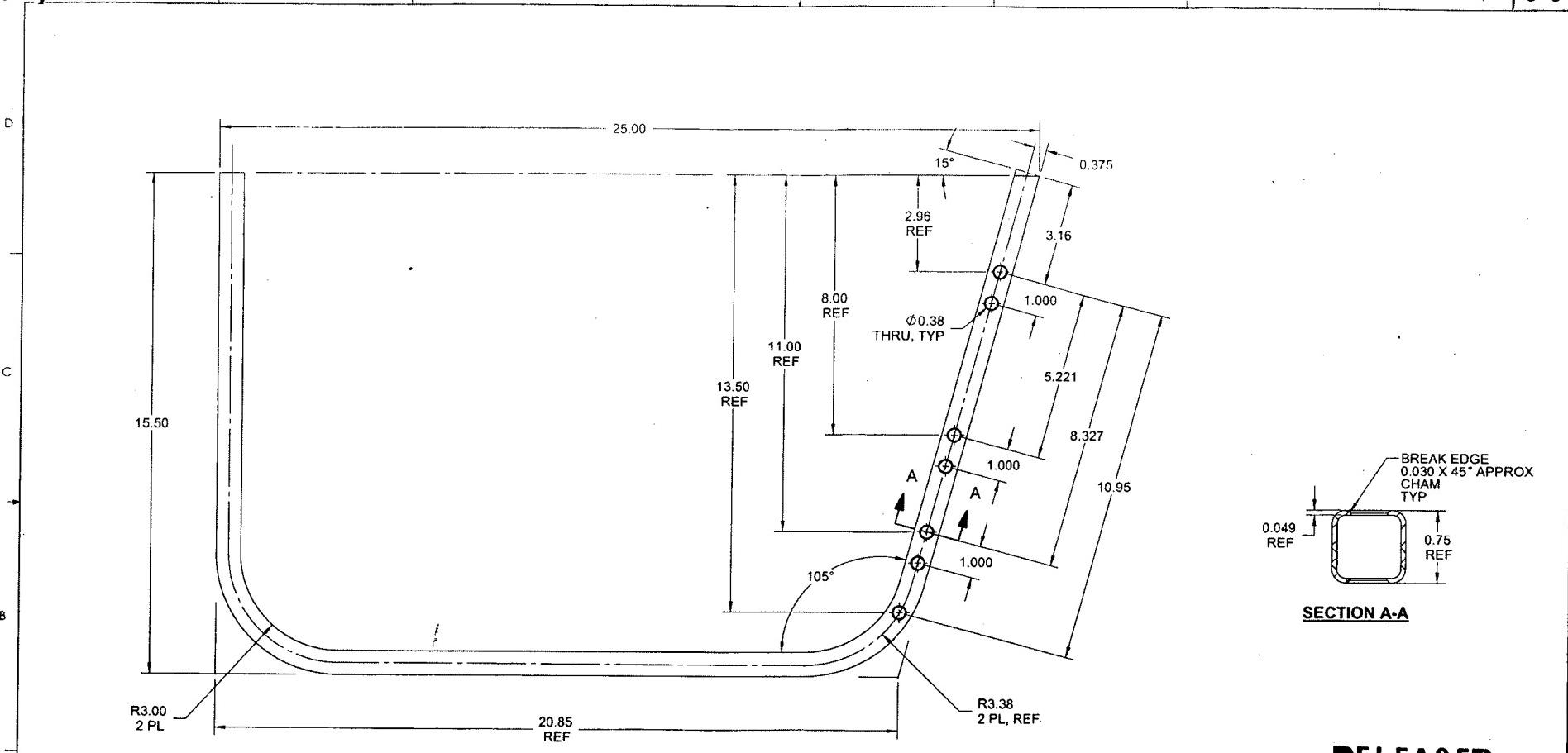
RELEASED
2010-03-12
NP

A	NEW ISSUE	JPB	10.03.04
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	DART AEROSPACE LTD	
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D3916	SHEET 1 OF 4
APPROVED		TITLE	SCALE
DE APPR.		RIB ASSY, 350 BASKET	NTS
DATE	10.03.04	COPYRIGHT © 2010 BY DART AEROSPACE LTD. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

102430



8 7 6 5 4 3 2 1 102430



⑨ D3916-1 RIB

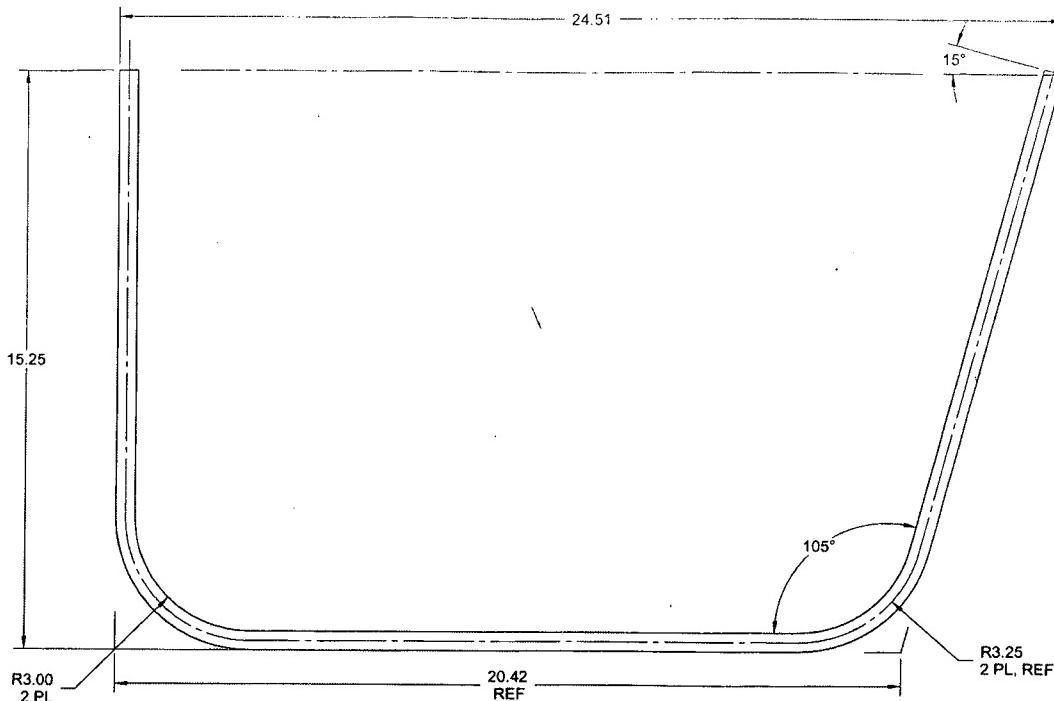
RELEASED
2010-03-12
NPA

NOTES:

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.049 WALL
REF DART SPEC. M304TS0.750W.049
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.76 lbs
- 8) TUBE FLAT LENGTH 50.0 REF

DESIGN	AJS	DART AEROSPACE LTD
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	DRAWING NO.
MFG. APPR.	<i>[Signature]</i>	REV. A
APPROVED	<i>[Signature]</i>	D3916
DE APPR.	<i>[Signature]</i>	SHEET 3 OF 4
DATE	10.03.04	TITLE
		SCALE
		NTS
		RIB ASSY, 350 BASKET
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102436



- NOTES:**
- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.50 X 0.50 X 0.049 WALL
REF DART SPEC. M304TS0.500W.049
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: N/A
 - 7) WEIGHT: 1.07 lbs
 - 9) TUBE FLAT LENGTH 49.5 REF

8 7 6 5 4 3 2 1

DESIGN	AJS	DART AEROSPACE LTD	
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>g</i>	REV. A	
MFG. APPR.	<i>z</i>	DRAWING NO. D3916 SHEET 4 OF 4	
APPROVED	<i>NM</i>	TITLE RIB ASSY, 350 BASKET NTS	
DE APPR.	<i>4</i>	DATE 10.03.04	
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RELEASED
2010-03-12
jm

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